
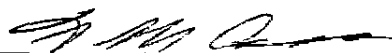


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # L40442		
1. Entity Name BRIGHTEN DENTAL LABORATORY, INC.		
Principal Place of Business C/O ROBERT M. ARLEN 10058 SPANISH ISLES BLVD BAY F10 BOCA RATON, FL 33498		Mailing Address C/O ROBERT M. ARLEN 10058 SPANISH ISLES BLVD BAY F10 BOCA RATON, FL 33498
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COWANS, F M 10058 SPANISH ISLES BLVD FAY F-10 BOCA RATON, FL 33498		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO COWANS, F M 10058 SPANISH ISLES, F-10 BOCA RATON, FL	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  F. COWANS		03-03-2006 561-487-7058 <small>Date Daytime Phone #</small>



03032006 No Chg-F CR2E034 (11/05)

4. FEI Number 65-0166137	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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04/11/06-80121-009 158.75

**DO NOT WRITE
IN THIS SPACE**